

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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San Jose City Clerk

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2011 FEB 24 A 11:35

NAME (LAST)	(FIRST)	(MIDDLE)
NGUYEN	MADISON	P.

1. Office, Agency, or Court

Name of Office, Agency, or Court:

City of San Jose

Division, Board, District, if applicable:

Council District 7

Your Position:

Councilmember

- If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: City of San Jose

Position: Councilmember

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ County of _____

☒ City of San Jose

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 2

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached
Income - Gifts

Schedule E ☒ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/25/2011

(month, day, year)

Signature

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Nguyen, Madison

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**

► NAME OF SOURCE

American Council of Young Political Leaders

ADDRESS (Business Address Acceptable)

211 K Street, Suite 400

CITY AND STATE

Washington D.C. 20037

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 05 / 31 / 09 - 06 / 03 / 09 AMT: \$ 8102.42
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: Travel and lodging expenses ACYPL
Delegate to Australia

► NAME OF SOURCE

Catholic Charities of Santa Clara County

ADDRESS (Business Address Acceptable)

2625 Zanker Road

CITY AND STATE

San Jose, CA 95134

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 11 / 09 / 09 - 11 / 11 / 09 AMT: \$ 902.13
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: Travel and lodging expenses City of San
Jose Delegate to New York City for
Franklin McKinley Children's Initiative

► NAME OF SOURCE

Asian Pacific American Labor Alliance

ADDRESS (Business Address Acceptable)

815 16th Street NW

CITY AND STATE

Washington D.C. 20006

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 07 / 09 / 09 - 07 / 11 / 09 AMT: \$ 447.20
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: Travel and lodging expenses to APALA
Biennial Convention in Las Vegas,
Nevada. Speaker and Panelist.

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

Comments: Amendment to Form 700 Re: APALA as source of funds versus UFCW as previously reported.



CITY OF SAN JOSÉ, CALIFORNIA

Office of the City Clerk
200 East Santa Clara Street, Wing
San José, California 95113
Telephone 1 (408) 535-1261
FAX 1 (408) 292-6207

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FAMILY GIFT REPORTING FORM

Pursuant to the City's Gift Ordinance, Chapter 12.08 of the San Jose Municipal Code, all consultants, contract employees, officers and designated employees of the City and its Redevelopment Agency must file this form with the City or Agency, together with the annual Statement of Economic Interests (Form 700).

You must list below any reportable gifts known to have been accepted by your domestic partner, spouse and any dependent child (Section 12.08.050) during the previous calendar year. Gifts that must be reported are those that would be prohibited had they been given to you. Refer to Section 12.08.010 and 12.08.020 to determine whether a particular gift must be reported. Section 12.08.030 lists the gifts that are not prohibited and do not need to be reported.

PLEASE TYPE OR PRINT IN INK

Name of Filer Madison Nguyen Phone (d)(5)

Name of Agency City of San Jose

CHECK APPROPRIATE ITEM

- ☐ I do not have a spouse, domestic partner or any dependent children.
- ☒ I have no knowledge that my spouse, domestic partner or any dependent child has received a reportable gift.
- ☐ My spouse, domestic partner or dependent children have, to my knowledge, received the following gifts:

PLEASE LIST EACH GIFT SEPARATELY

DATE	RECIPIENT (Spouse/Domestic Partner/Child)	GIFT	DONOR	VALUE

VERIFICATION

I have used all reasonable diligence in preparing this form, and to the best of my knowledge the information contained herein is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 3/28/2011, at San Jose, CA
(Date)

(d)(5)

(Signature)